

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-679)

SERIAL NO.

FILING DATE

APPLICANT/ET

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		4				
TOTAL DEP.		1				
TOTAL		1				

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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